

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044967

STATE FILE NUMBER

Registration District No. 280

Primary Registration District No. 4416

Registrar's No. 68

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY Platte

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Platte City

Length of stay in 1b
3 years

c. CITY OR TOWN Platte City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Florence

Middle
D.

Last
Sodeman

4. DATE OF DEATH

Month Day Year
December 5, 1963

5. SEX
Female

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12-8-95

9. AGE (last birthday)
67

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY
home

11. BIRTHPLACE (City and state or country)
Platte Co. Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Joseph Duncan

13b. MOTHER'S MAIDEN NAME
Laura McMillian

14. NAME OF HUSBAND OR WIFE
E. R. Sodeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
E. R. Sodeman Platte City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic carcinoma due to carcinoma of left kidney.

DUE TO (b) Nephrectomy of left kidney July 1959

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/25/59 to 12/5/63 and last saw her alive on 12/5/63
Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

Weston, Missouri

22c. DATE SIGNED

12/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
12-7-63

23c. NAME OF CEMETERY OR CREMATORY

Platte City Cemetery

23d. LOCATION (City, town, or county)

Platte City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Vaughn Funeral Home Weston, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 7, 1963

26. REGISTRAR'S SIGNATURE

Alphia Roelins

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by L. P. Vaughn, Student Embalmer No. 716

working under my personal supervision.

Student

L. P. Vaughn
Signature of Student Embalmer

Signed

W. R. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.